

Taxane + platinum feasible for adjuvant tx in endometrial cancer

27 March 2019



(HealthDay)—Taxane plus platinum regimens may be a reasonable alternative to doxorubicin plus cisplatin as postoperative adjuvant chemotherapy for endometrial cancer that carries a high risk for progression, according to a study published online March 21 in *JAMA Oncology*.

Hiroyuki Nomura, M.D., from the Keio University School of Medicine in Tokyo, and colleagues evaluated the clinical benefit of taxane plus platinum regimens as postoperative adjuvant chemotherapy for patients with endometrial cancer (high-risk stage I to II or stage III to IV that did not extend beyond the abdominal cavity and had a residual tumor of 2 cm or larger). Patients were randomly assigned to receive six cycles of doxorubicin plus cisplatin (263 participants), docetaxel plus cisplatin (263), or paclitaxel plus carboplatin (262) on day 1 every three weeks.

The researchers found that tolerability of the regimens did not differ statistically. After a median follow-up period of seven years, there was no

statistical difference among the groups for progression-free survival (doxorubicin plus cisplatin, 191; docetaxel plus cisplatin, 208; paclitaxel plus carboplatin, 187; P = 0.12) or overall survival (doxorubicin plus cisplatin, 217; docetaxel plus cisplatin, 223; paclitaxel plus carboplatin, 215; P = 0.67). Five-year progression-free survival rates for doxorubicin plus cisplatin, docetaxel plus cisplatin, and paclitaxel plus carboplatin were 73.3, 79, and 73.9 percent, respectively, while the five-year overall survival rates were 82.7, 88.1, and 86.1 percent, respectively.

"Because each regimen showed adequate tolerability but different toxic effects, taxane plus platinum regimens may be a reasonable alternative to treatment with doxorubicin plus cisplatin," the authors write.

Several authors disclosed financial ties to pharmaceutical companies.

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APA citation: Taxane + platinum feasible for adjuvant tx in endometrial cancer (2019, March 27) retrieved 8 June 2022 from https://medicalxpress.com/news/2019-03-taxane-platinum-feasible-adjuvant-tx.html

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